# FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

.. 20549 / NOV 15

OMB APPROVAL

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# FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

·						
SEC USE ONLY						
Prefix		Serial				
DATERECEIVED						

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)  Series B Preferred Stock Financing  Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE  Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	- 07083877
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	- 0/0636//
PowerVision, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone (98 Harbor Blvd, Belmont, CA 94002 (650) 620 99	e Number (Including Area Code) 948
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	e Number (Including Area Code)
Brief Description of Business	
Medical Device Research and Development	
Type of Business Organization  corporation  limited partnership, already formed  business trust  limited partnership, to be formed	
Month Year	₩OV 2 0 2007
Actual or Estimated Date of Incorporation or Organization: 0 9 0 2 Actual Estimated  Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:  CN for Canada; FN for other foreign jurisdiction)	THOMSON FINANCIAL

### **GENERAL INSTRUCTIONS**

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

# -ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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American LegalNet, Inc. www.USCourtForms.com

### A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Cheskin, Barry Business or Residence Address (Number and Street, City, State, Zip Code) 298 Harbor Blvd, Belmont, CA 94002 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Frinzi, Matthew Business or Residence Address (Number and Street, City, State, Zip Code) 298 Harbor Blvd, Belmont, CA 94002 Check Box(es) that Apply: Beneficial Owner Promoter Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Carusi, Michael Business or Residence Address (Number and Street, City, State, Zip Code) Bay Colony Corporate Center, 1000 Winter Street, Suite 3700, Waltham, MA 02451-1148 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Every, Nathan Business or Residence Address (Number and Street, City, State, Zip Code) Two Union Square, 601 Union Street, Suite 3200, Seattle, WA 98101 Check Box(es) that Apply: Beneficial Owner Promoter Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) McCollum, Jim Business or Residence Address (Number and Street, City, State, Zip Code) 915 Ocean Blvd., Coronado, CA 92118 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Wicker, Damion Business or Residence Address (Number and Street, City, State, Zip Code) 50 California Street, Suite 2940, San Francisco, CA 94111 Check Box(es) that Apply: Promoter Director General and/or Managing Partner Full Name (Last name first, if individual) Advanced Technology Ventures VIII, L.P. Business or Residence Address (Number and Street, City, State, Zip Code) Bay Colony Corporate Center, 1000 Winter Street, Suite 3700, Waltham, MA 02451-1148 (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

## A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Executive Officer Promoter Beneficial Owner Director General and/or Managing Partner Full Name (Last name first, if individual) Frazier Healthcare IV, L.P. Business or Residence Address (Number and Street, City, State, Zip Code) Two Union Square, 601 Union Street, Suite 3200, Seattle, WA 98101 Beneficial Owner Check Box(es) that Apply: Promoter Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) J.P. Morgan Partners, L.P. Business or Residence Address (Number and Street, City, State, Zip Code) 50 California Street, Suite 2940, San Francisco, CA 94111 Executive Officer Check Box(es) that Apply: Beneficial Owner Director Promoter General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Beneficial Owner Promoter Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Executive Officer Promoter Beneficial Owner Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

B. INFORMATION ABOUT OFFERING													
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?						Yes	No 🔀						
Answer also in Appendix, Column 2, if filing under ULOE.							<b>(5)</b>						
2.								s_0.7573					
3.	Does th	e offering	permit ioin	t ownershi	p of a sing	le unit?						Yes	No □
4.	Enter th	ne informat	ion request	ed for eac	h person w	ho has bee	n or will b	e paid or ;	given, dire	ctly or ind	irectly, any	<u> </u>	<b></b>
	commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
Full	Name (	Last name	first, if ind	ividual)									
Bus	iness or	Residence	Address (N	lumber and	d Street, C	ty, State, Z	Cip Code)						
Nan	ne of As	sociated Br	oker or De	aler									
Stat	es in Wi	iich Person	Listed Has	s Solicited	or Intends	to Solicit	Purchasers	· · · · · · · · · · · · · · · · · · ·					
	(Check	"All States	" or check	individual	States)	***************************************					***************************************	□ A1	l States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	Н	ID)
	IL	IN	IA NV	KS	KY]	LA	ME	MD	MA	MI	MN	MS	MO
	MT RI	NE SC	NV SD	NH)	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR
Full	Name (	Last name	first, if ind	ividual)			7,7,7,7,1,1						
Bus	iness or	Residence	Address (?	Number an	d Street, C	ity, State,	Zip Code)						
Nan	ne of As	sociated Br	oker or De	aler		·	···						
Stat	es in Wh	nich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers		<b></b>				
	(Check	"All States	or check	individual	States)		•••••			***************************************		All States	
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL MT	IN NE	IA NV	KS NH	KY NJ	LA NM	ME NY	MD	MA ND	MI OH	MN	MS	MO
	RI	SC	SD	TN	TX	UT	$\overline{VT}$	NC VA	WA	WV	OK. WI	OR WY	PA PR
Full	Name (	Last name	first, if ind	ividual)		<del></del>			<del>,</del>	<del></del> ,			<del></del>
Bus	iness or	Residence	Address (1	Number an	d Street, C	ity, State,	Zip Code)						
Name of Associated Broker or Dealer													
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
(Check "All States" or check individual States)													
	AL	ΑΚ̈́	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT RI	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Price	Amo	ount Already Sold
	Debt	5	s	
	Equity		s 19	,999,995.49
	☐ Common 😿 Preferred		-	
	Convertible Securities (including warrants)	<b>S</b>	S	
	Partnership Interests			
	Other (Specify)			
	Total			
	Answer also in Appendix, Column 3, if filing under ULOE.	<b>,</b>	<b>J</b>	·
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			Aggregate
		Number Investors	Dol	llar Amount Purchases
	Accredited Investors	17	\$ <u>1</u>	9,999,995.49
	Non-accredited Investors	0	<b>S</b>	0.00
	Total (for filings under Rule 504 only)		\$	0.00
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.			
		Type of	Do	llar Amount
	Type of Offering	Security		Sold
	Rule 505		\$	
	Regulation A		\$	0.00
	Rule 504	-	\$	
	Total		\$	0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees		\$	
	Printing and Engraving Costs		<b>\$</b>	
	Legal Fees	<b>x</b>	s	100,000.00
	Accounting Fees	_	\$	
	Engineering Fees			
	Sales Commissions (specify finders' fees separately)	<u> </u>		
	Other Expenses (identify)			
	Total		\$	

_				
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C—proceeds to the issuer."	Question 4.a. This difference is the "adjusted gro	oss	\$_19,900,000.00
5.	Indicate below the amount of the adjusted gross pro each of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	y purpose is not known, furnish an estimate a fthe payments listed must equal the adjusted gro	nd	
			Payments to Officers, Directors, & Affiliates	
	Salaries and fees			
	Purchase of real estate		🗆 \$	
	Purchase, rental or leasing and installation of mac and equipment	hinery	[] \$	
	Construction or leasing of plant buildings and fac	ilities	🔲 \$	s
	Acquisition of other businesses (including the val offering that may be used in exchange for the asse issuer pursuant to a merger)	ets or securities of another		<u></u>
	Repayment of indebtedness			
	Working capital		_	_
	Other (specify):		_	<del></del>
			- U " <del></del>	
			- [] \$	[]\$
	Column Totals			.00 <b>x</b> \$ 19,900,000.00
	Total Payments Listed (column totals added)		🔀 S	19,900,000.00
		D. FEDERAL SIGNATURE		
sig	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acc	nish to the U.S. Securities and Exchange Comr	nission, upon wri	Rule 505, the following tten request of its staff
Iss	uer (Print or Type)	Signature /	Date	
Po	verVision, Inc.	WALLOW!	November 3,	2007
Na	ne of Signer (Print or Type)	Title of Signer (Print or Type)	· · · · · · · · · · · · · · · · · · ·	-

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

END

- ATTENTION -

Secretary

Chris Fennell

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)